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Attorney's Docket 040008-0306859 Client Reference: OF03P194/US

NOV 2 2 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:

Confirmation No. 3140

LEE

Application No.: 10/725,381

Group Art Unit: 2813

Filed: December 3, 2003

Examiner: Doty, Heather Anne

Title: METHOD FOR FORMING BARRIER METAL OF SEMICONDUCTOR DEVICE

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

CERTIFICATION OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that the following papers are being transmitted by facsimile to Examiner Heather Anne Doty at the Patent and Trademark Office at (571) 273-8300 on the date shown below:

- Transmittat
- Amendment

Respectfully submitted,

PILLSBURY WINTHROP SHAW PITTMAN LLP

JOHN P. DARLING

Reg. No. 44482

Tel. No. 703 770.7745

P.O. Box 10500 McLean, VA 22102

Tel. No.: (703) 770-7900 Fax No.: (703) 770-7901

Date: November 22, 2005

TOTAL NUMBER OF PAGES IN FACSIMILE: 11

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AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	PRE	HEST NO. VIOUSLY ID FOR		ESENT XTRA	RA	TE		ADDIT.	
TOTAL	11		20	=	0	* \$	50.00	=	\$	0.00
INDEP.			3	=	0	× \$	200.00	=	\$	0.00
CLAIM	PRESENTATIO	N OF	MULTIPLE	DE	P.	* \$	360.00	=	\$	0.00
TOTAL ADDITIONAL CLAIM FEE									\$	0.00
GRAND TOTAL								\$	0.00	

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T-620 P.003/011 F-054

LEE - - 10/725,381

Attorney's Docket: 040008-0306859

FEE PAYMENT

Authorization is hereby made to charge the amount of \$0.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: November 22, 2005

PILLSBURY WINTHROP SHAW PITTMAN LLP

P.O. Box 10500

McLean, VA 22102 Tel. No.: 703 770.7900 Fax No.: 703 770.7901

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AMENDMENT UNDER 37 C.F.R. § 1.111

Mail Stop Non-Fee Amendments Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In reply to the Office Action dated August 23, 2005, please amend the aboveidentified application as follows: